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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2485

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/031,112 | FILING OR 371(c)<br>DATE<br>01/14/2002<br>RULE | CLASS<br>210 | GROUP ART UNIT<br>1723 | ATTORNEY<br>DOCKET NO.<br>F-5629 (CORK 100<br>US) |
|-----------------------------|--|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US01/21188 07/03/2001  
 and claims benefit of 60/216,640 07/07/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

|                                 |  |                           |                         |                       |                            |
|---------------------------------|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>15 | TOTAL<br>CLAIMS<br>45 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                         |                       |                            |

Verified and  
Acknowledged

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

## ADDRESS

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## TITLE

MEDICAL SYSTEM, METHOD AND APPARATUS EMPLOYING MEMS

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>2154 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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